

PASSAIC VALLEY SEWERAGE COMMISSIONERS
APPLICATION FOR A SEWER USE PERMIT

INDUSTRIAL			
8110	8115	8120	8205
DEC 05 2003			

SECTION A

- Company Name: Transplastics a division of Quality Carriers, Inc.
- Permit Number if applicable: 6210001
- Location: 10 Morton Street
East Rutherford, NJ Zip Code: 07073
- Mailing Address: 10 Morton Street
East Rutherford, NJ Zip Code: 07073
- Person to contact concerning information provided in this application:
Name of Contact Official: Jerry Sibilio
Title: Facility Manager Phone No.: (201) 939-0314
Address: 10 Morton St., East Rutherford, NJ Zip code: 07073
- Number of Employees – Full Time: 2 Part Time: 0
Number of Work Days Per Year: 250
Number of Shifts Per Day: 2
- If property is owned indicate block and lot number(s): Block 16B, Lot Nos. 4B, 4C, 4E + 5B

Assessed Value: _____
- If property is rented indicate name and address of owner: N/A

Total square feet rented: N/A
- List NJPDES Permit Number if applicable, NJ0128287-001A / NJG0137391-49276 and
Name of receiving Body of Water entered Passaic River

385,818.+
413,618.+
303,613.+
274,470.+
004
1,377,519.*

48,740.+
1,266,503.+
62,276.+
003
1,377,519.*

SECTION B

WATER DATA

10. Water Source: (Circle all appropriate answers)

Purchased

☒ Y ☐ N

Well

Y ☒ N

If Y, is it metered

Y - N

River

Y ☒ N

If Y, is it metered

Y - N

11. Name of purchased water supplier: United WaterList all Account #'s: 91-181-21150-112. Water Received: From Mo. Nov. Yr. 2002 Through Mo. Oct. Yr. 2003.

(* Next to a figure means it is estimated).

	<u>PURCHASED</u>	<u>WELL</u>	<u>RIVER</u>	<u>TOTAL</u>
1 st Qtr.	385,818			385,818
2 nd Qtr.	413,618			413,618
3 rd Qtr.	303,613			303,613
4 th Qtr.	274,470			274,470

GRAND TOTAL 1,377,519

Report in gallons

13. Water Use and Disposition (*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/ Ditch	Gallons Used Other
Sanitary service only	48,740		
Process waste waster	1,266,503		
Cooling water			
Evaporation			62,276
Contained in the product			
Other (describe)			

GRAND TOTAL 1,377,519

SECTION B (continued)

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer

☒ Y ☐ N

To the Combined Sewer

Y ☒ N

To the Storm Sewer

Y ☒ N

River or Ditch

Y ☒ N

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility.

Contractor	Address	Icc #	Waste type handled
Ashland Distribution Co.	3 Broad Street Binghamton, NY 13902	NYD049253719	Non-RCRA hazardous Waste Water Sludge

SECTION C**OPERATIONAL CHARACTERISTICS**

16. Discharge of Industrial Waste is continuous
or intermittent ≈ 5,000 gallons each operating day.

If the discharge is intermittent, it occurs between the following hours: 8am - 11pm

17. Brief description of Manufacturing or other activity performed: Internal cleaning of bulk transportation equipment last containing dry type materials.

List SIC CODE #: 4213, 4231, 7699

18. Principal Raw Materials used: Food Grade Detergent

19. Principal Products or Services: Dry-bulk Chemical transportation; cleaning of empty trailers last containing dry type materials.

20. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc.

Include variations in product lines which affect waste characteristics: N/A

Does this facility shutdown for vacation(s)? No If so, is it basically the same time each year. _____ Provide dates usually shutdown _____

SECTION D

MONITORING

21. Describe any pretreatment process or effluent monitoring system in use:

Outlet #1 Continuous pH monitoring

Outlet _____

Outlet _____

22. Sampling information:

<u>Outlet</u>	<u>Contains Industrial Waste</u>	<u>Sampler Type</u>	<u>Refrigerated</u>
06210001-1	Yes	Hand-Grab	packed on ice
06210001-2	No	Not Sampled	N/A

SECTION D (continued)

23. Volume Information:

<u>Outlet</u>	<u>Daily Flow</u> <u>(Gallons)</u>	<u>Metered</u> <u>(Y - N)</u>	<u>Type</u>	<u>Date</u>
#1	5,066	N		
#2	195	N		

24. Frequency of calibration of each flow meter: N/A

25. Attach plot plan of the property showing:

- (a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);
- (b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).
- (c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

SECTION E**ANALYSIS OF INDUSTRIAL WASTE**

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. 06210001-1 (*)

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l			Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l		
<u>Code</u>	<u>Parameter</u>	<u>Value</u>	<u>Code</u>	<u>Parameter</u>	<u>Value</u>
0200*	Radioactivity (PL-1)	N/A	1097*	Antimony (Sb)	
0500	Total Solids		1002*	Arsenic (As)	
0505	Volatile Solids		1022*	Boron (B)	
0530	Total Suspended Solids		1027	Cadmium (Cd)	
0540	Volatile Suspended Solids		1034*	Chromium Total (Cr)	
0555	(1)(3) Petroleum Hydrocarbons		1042	Copper (Cu)	
0310	Biochemical Oxygen Demand (BOD)		1045*	Iron (Fe)	
			1051	Lead (Pb)	
0340	Chemical Oxygen Demand (COD)		0720*(3)	Cyanide (Cn)	
			1900	Mercury (Report to 0.XXX)	
0680	Total Organic Carbon (TOC)		1067	Nickel (Ni)	
			1147*	Selenium (Se)	
9000	pH(standard unit range)		1077*	Silver (Ag)	
0610	(1) Ammonia as N		1102*	Tin (Sn)	
0550	(1)(3) Total Oil & Grease (418.1)		1092	Zinc (Zn)	
0745*	(1) Sulfide		2730	Phenol	
0507*	(1) Ortho Phosphates as P		4053*	Pesticides (Report to 0.XXX)	N/A
0625*	(1) Kjeldahl N as N				
9998*	(2)(3) TTO (Report to 0.XXX)	N/A	9999*(3)	TTVO (Report to 0.XXX)	N/A

FOOTNOTES:

- (1) Report results to the nearest tenth, i.e., 1.6 mg/l.
- (*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.
- (2) See instructions.
- (3) Grab sample required

Rev: 1/87
8/89
7/90
9/94
8/95
11/95
07/98

(*) Sampling scheduled, results to follow no later than 12/30/2003.

SECTION E (continued)Samples collected by: (*)Date: (*)Sample analyzed by: (*)Date: (*)

Products being manufactured when sample was collected: No products are manufactured.
Service provided is the washing of the inside of trailers that last contained dry materials.

27. Who performs the analyses of the samples for User Charge? Complete Analysis Laboratories, Inc.
NJ DEP # 14964

28. Is the Laboratory certified by NJDEP to conduct all the analyses? Y - N Y

29. Who performs the analyses of the samples for the Pretreatment Parameters?
Analytical Laboratory Services, Inc.
NJ-PA010

If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state:

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?
Y - N Y

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1, 2 & 3 is present in your discharge.

(*) Sampling scheduled, results to follow no later than 12/30/2003.

SECTION F**PRETREATMENT**

32. Industrial Category: N/A
 Subpart (s): N/A
33. Compliance date(s): N/A
34. Is facility in compliance? N/A If not, and if compliance date has passed, explain actions being taken to get into compliance: _____

35. Date Baseline Monitoring Report (BMR) submitted to PVSC: 2/13/1995
36. Compliance schedule submitted: N/A
 If yes is facility on schedule? N/A Explain if compliance date will not be met: _____

37. Does this facility come under the Resource Conservation and Recovery Act (RCRA)?
 If yes, describe No
38. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan?
 If yes, describe Yes - storage tanks are within containment and sorbent materials are readily available.
39. Has NJDEP or EPA ever cited this facility for a violation of State or Federal Regulations for the nature of its wastewater discharge? Y (N)
40. Is this facility under an ISRA Clean up? No If so, has a plan been approved by NJDEP: N/A
 Is there any plan to discharge groundwater?
N/A

CERTIFICATION*:

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official: James A. Rakitsky
Print Name

TITLE: V P Environmental Services

12/4/03
DATE

James A. Rakitsky
SIGNATURE

***APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:**

- a. Principal Officer of Corporation
- b. President or Owner of Company
- c. General Partner if a Partnership
- d. Plant Manager or Authorized Representative

TABLE 1 EPA PRIORITY POLLUTANTS**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
Acenaphthene			X		2,4 dimethylphenol			X	
acrolein			X		2,4 dinitrotoluene			X	
acrylonitrile			X		2,6 dinitrotoluene			X	
benzene			X		1,2 diphenylhydrazine			X	
benzidine			X		ethylbenzene			X	
carbon tetrachloride (tetrachloromethane)			X		fluoranthene			X	
chlorobenzene			X		4-chlorophenyl phenyl ether			X	
1,2,4-trichlorobenzene			X		4-bromophenyl phenyl ether			X	
hexachlorobenzene			X		bis(2-chloroisopropyl) ether			X	
1,2 dichloroethane			X		bis(2-chloroethoxy) methane			X	
1,1,1 trichloroethane			X		methylene chloride(dichloromethane)			X	
hexachloroethane			X		methyl chloride (chloromethane)			X	
1,1,dichloroethane			X		methyl bromide (bromomethane)			X	
1,1,2 trichloroethane			X		bromoform(tribromomethane)			X	
1,1,2,2 tetrachloroethane			X		dichlorobromomethane			X	
chlorethane			X		trichlorofluoromethane			X	
bis(chloromethyl) ether			X		dichlorodifluoromethane			X	
Bis(2 chloroethyl) ether			X		chlorodibromomethane			X	
2-chloroethyl vinyl ether mixed			X		hexachlorobutadiene			X	
2-chloronaphthalene			X		hexachlorocyclopentadiene			X	
2,4,6, trichlorophenol			X		isophorone			X	
parachlorometa cresol			X		naphthalene			X	
Chloroform (trichloromethane)				X	nitrobenzene			X	
2 chlorophenol			X		2-nitrophenol			X	
1,2, dichlorobenzene			X		4-nitrophenol			X	
1,3, dichlorobenzene			X		2,4-dinitrophenol			X	
1,4, dichlorobenzene			X		4,6 dinitro-o cresol			X	
3,3, dichlorobenzidine			X		N-nitrosodimethylamine			X	
1,1,dichloroethylene			X		N-nitrosodiphenylamine			X	
1,2 trans-dichloroethylene			X		N-nitrosodi-n-propylamine			X	
2,4,dichlorophenol			X		pentachlorophenol			X	
1,2, dichloropropane			X		phenol			X	
1,3, dichloropropylene			X						
(1,3 dichlor propene)			X						

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

TABLE 1 EPA PRIORITY POLLUTANTS (continued)**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
bis(2-ethylhexyl) phthalate				X	endrin			X	
butylbenzylphthalate				X	endrin aldehyde			X	
di-n-butylphthalate				X	heptachlor			X	
di-n-octylphthalate				X	heptachlor (epoxide)			X	
diethylphthalate				X	BHC Alpha			X	
dimethylphthalate				X	BHC Beta			X	
benzo(a)anthracene			X		BHC Gamma			X	
benzo(a)pyrene			X		BHC Delta			X	
3,4 benzofluoranthene			X		PCB1242			X	
benzo(k) fluoranthene			X		PCB1254			X	
chrysene			X		PCB1221			X	
acenaphthylene			X		PCB1232			X	
anthracene			X		PCB1248			X	
benzo(ghi)perylene			X		PCB1260			X	
fluorene			X		PCB1016			X	
phenanthrene			X		toxaphene			X	
dibenzo (a,h) anthracene			X		antimony (total)			X	
indeno (1,2,3-c,d) pyrene			X		arsenic (total)				X
pyrene			X		asbestos (fibrous)			X	
tetrachloroethylene			X		beryllium (total)			X	
toluene			X		cadmium (total)	X			
trichloroethylene			X		chromium (total)				X
vinyl chloride			X		copper (total)	X			
aldrin			X		cyanide (total)			X	
dieldrin			X		lead (total)	X			
chlordane			X		mercury (total)	X			
4,4 DDT			X		nickel (total)	X			
4,4, DDE			X		selenium (total)				X
4,4, DDD			X		silver (total)				X
endosulfan 1			X		thallium (total)			X	
endosulfan 11			X		zinc (total)	X			
endosulfan sulfate			X		2,3,7,8, tetrachlorodibenzo			X	
			X		p-dioxin			X	

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

TABLE 2 NJDEP EXPANDED PRIORITY POLLUTANTS**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acrylamide			X		n,n-dimethyl aniline			X	
amitrole			X		3,3-dimethyl benzidine			X	
amyl alcohols			X		1,1-dimethylhydrazine			X	
aniline hydrochloride			X		dioxane			X	
anisole			X		diphenylamine			X	
auramine			X		ethylenimine			X	
benzotrichloride			X		hydrazine			X	
benzylamine			X		4,4-methylene bis			X	
					(2-chloraniline)			X	
o-chloroaniline			X		4,4-methylenedianiline			X	
m-chloroaniline			X		methyl isobutyl ketone			X	
p-chloraniline			X		alpha-naphthylamine			X	
1-chloro-2-nitrobenzene			X		beta-naphthylamine			X	
1-chloro-4-nitrobenzene			X		n-methylaniline			X	
chloroprene			X		1,2- phenylenediamine			X	
chrysoidine			X		1,3- phenylenediamine			X	
cumene			X		1,4-phenylenediamine			X	
2,3-dichloroaniline			X		sudan 1 (solvent yellow 14)			X	
2,4-dichloroaniline			X		thiourea			X	
2,5-dichloroaniline			X		toluene sulfonic acids			X	
3,4-dichloroaniline			X		toluidines			X	
3,5-dichloroaniline			X		xylydines			X	
1,3-dichloropropene			X						
1,3-dimethoxybenzidine			X						

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 3 EPA HAZARDOUS SUBSTANCES**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acetaldehyde			X		isopropanolamine			X	
allyl alcohol			X		kelthane			X	
allyl chloride			X		kepone			X	
amyl acetate			X		malathion			X	
aniline			X		mercaptodimethur			X	
benzonitrile			X		methoxychlor			X	
benzyl chloride			X		methyl mercaptan			X	
butyl acetate			X		methyl methacrylate			X	
butylamine			X		methly parathion			X	
captan			X		mevinphos			X	
carbaryl			X		mexacarbate			X	
carbofuran			X		monoethylamine			X	
carbon disulfide			X		monomethylamine			X	
chlorpyrifos			X		naled			X	
coumaphos			X		naphthenic acid			X	
cresol			X		nitrotoluene			X	
crotonaldehyde			X		parathion			X	
cyclohexane			X		phenolsulfanate			X	
2,4-D (2,4-dichlorophenoxy)			X		phosgene			X	
acetic acid			X		propagrite			X	
diazinon			X		propylene oxide			X	
dicamba			X		pyrethrins			X	
dichlobenil			X		quinoline			X	
dichlone			X		resorcinol			X	
2,2-dichloropropionic acid			X		strontium			X	
dichlorvos			X		strychnine			X	
diethylamine			X		stryrene			X	
dimethylamine			X		2,4,5-T (2,4,5-trichloro- phenoxy acetic acid)			X	
dinitrobenzene			X		TDE (tetrachloro- diphenylethane)			X	
diquat			X		2,4,5-TP 2(2,4,5- trichlorophenoxy			X	
disulfoton			X		trichlorofon			X	
diuron			X		triethylamine			X	
epichlorohydrin			X		trimethylamine			X	
					propanoic acid			X	

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 3 EPA HAZARDOUS SUBSTANCES (continued)**CHECK APPROPRIATE BOX**

<u>NAME</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
ethanolamine			X		uranium			X	
ethion			X		vanadium			X	
ethylene diamine			X		vinyl acetate			X	
ethylene dibromide			X		xylene			X	
formaldehyde			X		xlenol			X	
furfural			X		zirconium			X	
guthion			X						
isoprene			X						

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name of the applicant for service of process and the individual to be contacted in the event of an emergency.

SECTION ONE

(To be completed by all applicants)

NAME OF APPLICANT: State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement or other official document which establishes the name of the applicants (if no such document exists, state the name the business uses):

Transplastics a division of Quality Carriers, Inc.

Name of Applicant

TRADE NAME: Identify all trade names and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

Transplastics

Trade Name/Fictitious Name

BUSINESS ORGANIZATION: Please check the appropriate box:

- | | |
|---|--|
| <input type="checkbox"/> Sole proprietorship | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Non-Profit Corporation |
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (describe) | |

EMERGENCY CONTACT PERSON: In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: Jerry Sibilia
 Street Address: 10 Morton Street
 City, State & Zip Code: East Rutherford, NJ 07073
 Business Telephone: (201) 939-0314
 Emergency Telephone: (973) 214-4691

SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

REGISTERED AGENT: Identify the name and address of the Corporation's Registered Agent:

Name: _____
Company Name: Corporation Trust Co.
Street Address: 820 Bear Tavern Road
City, State & Zip Code: West Trenton, NJ 08628

DATE AND PLACE OF INCORPORATION/FORMATION: Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State: Illinois
Date: 1965

DATE AUTHORIZED IN NEW JERSEY: If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: _____

SECTION THREE

(To be completed only by Partnerships or Joint Ventures)

FORM OF PARTNERSHIP: Check One.☐ General partnership☐ Limited Partnership**PARTNERS:** Identify (by name, residence address, business address and daytime telephone number) each partner or joint venture. (attach additional sheets if necessary):

Name: _____
Street Address: _____
City, State & Zip Code: _____

Name: _____
Street Address: _____
City, State & Zip Code: _____

SECTION FOUR

(This section to be completed only if the business concern is organized in a form other than a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

FORM OF BUSINESS ORGANIZATION: Describe how the business entity is organized and under what legal authority it was established.

CERTIFICATION

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment,

Dated: 12/9/03

Signature

James A. Rakitsky
VP, Environmental Services

Print Title & Position

*Supplemental Sewer Use Application Questionnaire to follow
With analysis no later than 12/30/2003.

TRANS PLASTICS, INC.
10 MORTON STREET
EAST RUTHERFORD, NEW JERSEY.

07070

PRETREATMENT
SAMPLE POINT B
LOCAL LIMIT
SAMPLE POINT
ARE IN SAME
LOCATION

QUALITY CARRIERS

ENTRANCE

MORTON STREET

CAR WASH

OUTLET #2
SANITARY FLOW
AVERAGE 10,000 GPD

REPAIR SHOP

SPILL CONTROL EQUIPMENT

SURFACE
PAVING
TYPICAL

NEGATIVE GROUND
FUEL OIL TANK
10,000 GPD

CONTAINMENT WALL

500 GALLON
PAVED GROVE
USED TANK

SAMPLE STORAGE

#1 NEARBY
GROUND
FUEL OIL TANK
10,000 GPD

CLEANING BLDG.

CLEANING
CHEMICAL
STORAGE
AREA

FIELD
ISLAND

OUTLET #1
SANITARY FLOW
AVERAGE 10,000 GPD

MAINTENANCE
SHOP AREA

OFFICE

SHOP

SHOP

SHOP

SHOP

SHOP

SHOP

SHOP

SHOP

SHOP

SHOP

SHOP

SHOP



QUALITY CARRIERS

VIA AIRBORNE EXPRESS

December 3, 2003

Passaic Valley Sewerage Commissioners
 ATTN: Angela Dees
 600 Wilson Avenue
 Newark, NJ 07105

INDUSTRIAL <u>100-2575</u>			
8110	8115	8120	8205
DEC 05 2003			

RE: Sewer Use Permit # 6210001

Dear Ms. Dees:

This is to submit the Sewer Use Permit Application for the facility operated by TransPlastics, which is a division of Quality Carriers, Inc., located at 10 Morton Street in East Rutherford, NJ. This is to renew Sewer Use Permit # 6210001.

Please note that as per your discussion of December 2, 2003, with Lori Potter, of my staff, the following information is not complete but, will follow later this month: Section E, items 26 and 27; and the Supplemental Sewer Use Application Questionnaire.

Enclosed is check number 2101117 in the amount of \$750.00 as payment for the Application Fee.

Should you require any additional information regarding this submittal, please contact Lori Potter, or myself at 610-518-3126.

Sincerely,

QUALITY CARRIERS, INC.

James A. Rakitsky
 Vice President, Environmental Services

Enclosure

cc: Jerry Sibilia; Terminal Mgr. TPI - E. Rutherford
 Dave Swann; VP TPI
 File: TPI E. Rutherford - WW Permit

150 E. Pennsylvania Avenue, Suite 125, Downingtown, PA 19335 Phone: 610-518-3121
 102 Pickering Way, Exton, PA 19335
 Phone: (610) 363-4345 Fax: (280) 280-2333

DONALD TUCKER
CHAIRMAN

CARL S. CZAPLICKI, JR.
VICE CHAIRMAN

ANTHONY W. ARDIS
FRANK J. CALANDRIELLO
ALAN G. LEVINE
ANGELINA M. PASERCHIA
KENNETH R. PENGITORE
THOMAS J. POWELL
COMMISSIONERS



Passaic Valley
Sewerage Commissioners

100th Anniversary
1902 - 2002

600 WILSON AVENUE
NEWARK, NJ 07105
(973) 344-1800
Fax: (973) 344-2951
www.pvsc.com

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

JAMES KRONE
DEPUTY EXECUTIVE DIRECTOR

JOSEPH A. FERRIERO
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

Industrial Fax: (973-344-4876)

RECEIPT

RECEIVED FROM Transplastic

AMOUNT OF PAYMENT 7000 DATE OF PAYMENT 12/5/03

A/ MR-1 , MR-2 REPORT DUE ON _____ (LATE REPORT)

B/ SV FINE, CONSENT ORDER (EFFLUENT VIOLATION)

C/ SEWER USE APPLICATION FEE	\$ 750.00
GROUNDWATER APPLICATION FEE	\$ 750.00
LETTER OF AUTHORIZATION	\$ 200.00
PERMIT FEE PER YEAR	\$ 300.00
PERMIT FEE PER YEAR	\$ 600.00
OTHER	\$ _____

PAYMENT RECEIVED BY:

SIGNATURE Tanessa Dominguez

AMOUNT 750.00 DATE 12/8/03

PASSAIC VALLEY SEWERAGE COMMISSIONERS
APPLICATION FOR A SEWER USE PERMIT

INDUSTRIAL	8110	8115	8120	8205
DEC 05 2003				

SECTION A

- Company Name: Transplastics a division of Quality Carriers, Inc.
 - Permit Number if applicable: 6210001
 - Location: 10 Morton Street
East Rutherford, NJ Zip Code: 07073
 - Mailing Address: 10 Morton Street
East Rutherford, NJ Zip Code: 07073
 - Person to contact concerning information provided in this application:
Name of Contact Official: Jerry Sibilio
Title: Facility Manager Phone No.: (201) 939-0314
Address: 10 Morton St., East Rutherford, NJ Zip code: 07073
 - Number of Employees - Full Time: 2 Part Time: 0
Number of Work Days Per Year: 250
Number of Shifts Per Day: 2
 - If property is owned indicate block and lot number(s): Block 16B, Lot Nos. 4B, 4C, 4E + 5B
- Assessed Value: _____
8. If property is rented indicate name and address of owner: N/A

US PAYABLES ACCOUNT

VENDOR NUMBER
Q15240



3802 CORPOREX DR. • TAMPA, FL 33619

2101117 70-2302
719

CHECK NUMBER
2101117

CHECK DATE
12/03/03

THE
SUM OF Seven Hundred Fifty Dollars and No Cents

\$750.00

PAY
TO THE
ORDER

LaSalle Bank N.A.

PASSAIC VALLEY SEWERAGE COMMISSIONERS
ATTN: CARMEN DELLAPIA, OPERATIONS COORDINATOR
600 WILSON AVENUE
NEWARK NJ 07105

QUALITY DISTRIBUTION
US PAYABLES ACCOUNT

Jean David
Robert Kasak

⑈2101117⑈ ⑆071923022⑆ 5590038815⑈